

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90066 034 ****61.25

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1. Entity Name
 CYPRESS POINT AT THE RESERVE ASSOCIATION, INC.

Principal Place of Business
 9700 RESERVE BLVD
 PORT ST LUCIE, FL 34986 US

Mailing Address
 1304 SW BAYSHORE BLVD
 PORT ST LUCIE, FL 34983 US



2. Principal Place of Business - No P.O. Box #
 90 BAYSHORE ASSOCIATION MGMT ASSOC. MGMT.
 Suite, Apt. #, etc.
 430 NW LAKE WHITNEY PL

3. Mailing Address
 1304 SW BAYSHORE
 Suite, Apt. #, etc.
 PO BOX 880038

03102008 Chg-NP CR2E037 (12/06)

City & State
 PORT ST LUCIE

City & State
 PORT ST LUCIE, FL

Zip
 34986

Country
 US

Zip
 34988

Country
 US

4. FEI Number
 65-0803499

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BAYSHORE ASSOCIATION MANAGEMENT
 1304 SW BAYSHORE BLVD
 PORT ST LUCIE, FL 34983

7. Name and Address of New Registered Agent
 Name
 BAYSHORE ASSOCIATION MANAGEMENT
 Street Address (P.O. Box Number is Not Acceptable)
 430 LAKE WHITNEY PLACE
 City
 PORT ST LUCIE FL Zip Code
 34986

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEITZEL, HAROLD 10208 CROSBY PL PORT SAINT LUCIE, FL 34986 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ASHBY, KEITH 10101 SPYGLASS LANE FORT PIERCE, FL 34986 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SIEGEL, J.R. 10301 CROSBY PLACE PORT SAINT LUCIE, FL 34986 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY Gordon Sigman 10101 Spyglass Lane Port St. Lucie, FL 34986 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer John Mills 7959 Poppy Hills Lane Port St. Lucie, FL 34986 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President David Horan 10120 Crosby Lane Port St. Lucie, FL 34986 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____ DATE: _____ DAYTIME PHONE #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR